

Archery Camp Registration Form

Pelkey's Archery 275 Nason Street, St. Albans, VT 05478 (802)524-2582
Visit us on FACEBOOK! Website: pelkeysarchery.com Or Email us at register@pelkeysarchery.com

Archer's Name _____ M/F _____

Age at Camp _____ T- shirt size: ___YS ___YM ___YL ___YXL ___AS ___AM ___AL ___AXL

Camp Session: (Check Date) _____ **July 8th - 12th** _____ **July 15th - 19th**
(Check Time) _____ **Morning 9a-12p** _____ **Afternoon 1p-4p**

_____ Bringing Own Equipment _____ Using Camp Recurve Bow

Parent's Last Name _____ First Name _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

THIS IS NOT A PEANUT FREE ENVIRONMENT

Please list any special needs which will require accommodations for participation:

Please list any allergies: _____

We will be taking pictures during our camp; signing below authorizes us to take pictures of your child which may be used on our website, Facebook and/or printed material.

For my child, I risk bodily injury including paralysis, dismemberment and death, as well as loss or damage to property. I knowingly and freely assume all such risk and I, for myself and on behalf of my heirs assigns and next of kin, hereby release, hold harmless and promise not to sue Pelkey's Archery, their officers, agents, employees and or volunteers, with respect to any and all such injury, paralysis, dismemberment death and or loss or damage except that which is resultant to gross negligence and or willful or wanton misconduct.

Signing below also authorizes medical/dental treatment in case of emergency.

I, _____ parent/guardian of _____, have read and agree to the above.

Signature _____ Date _____

Payment due On-line at time of registration to confirm spot. Camp Fee: \$160/camper

Registration Deadline: June 1st to guarantee camp shirt